

2700

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>MARICOPA</u>		State <u>ARIZONA</u>	
Township		City <u>MESA</u>		State File No. <u>59</u>	
Length of residence in city or town where death occurred <u>28</u> yrs. mos. ds.		(If death occurred in a hospital or institution, give its NAME instead of street and number) No. <u>SOUTH SIDE HOSP.</u>		Registered No. <u>107a</u>	
2. FULL NAME <u>LEO LESUEUR</u>		(a) Residence: No. <u>MESA, ARIZONA</u>		How long in U. S. if of foreign birth? <u>40</u> yrs. <u>3</u> mos. <u>12</u> ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>MARRIED</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>JESSIE LORRAINE LESUEUR</u>					
6. DATE OF BIRTH (month, day, and year) <u>JAN. 23, 1893</u>					
7. AGE <u>40</u> Years	<u>3</u> Months	<u>12</u> Days	If LESS than 1 day. <u>14</u> hrs. or <u>14</u> min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>COTTON BUYER</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>APRIL 28, 1933</u>					
10. Date deceased last worked at this occupation (month and year) <u>APRIL 28, 1933</u>					
11. Total time (years) spent in this occupation <u>14</u>					
12. BIRTHPLACE (city or town) (state or country) <u>ST. JOHNS ARIZONA</u>					
13. NAME <u>J. T. LESUEUR</u>					
14. BIRTHPLACE (city or town) (State or country) <u>ENGLAND</u>					
15. MAIDEN NAME <u>GENEVEA CASTO</u>					
16. BIRTHPLACE (city or town) (State or country) <u>OGDEN UTAH</u>					
17. INFORMANT <u>JESSIE LORRAINE LESUEUR</u> (Address) <u>MESA, ARIZONA</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>MESA, ARIZONA</u> Date <u>5/7/1933</u>					
19. UNDERTAKER <u>MELDRUM MORTUARY</u> (Address) <u>MESA, ARIZONA</u>					
20. Filed <u>May 11, 1933</u> <u>Jess Meldrum</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>MAY 4, 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>5-1-</u> 19 <u>33</u> to <u>5-4-</u> 19 <u>33</u> . I last saw him alive on <u>5-4-</u> 19 <u>33</u> ; death is said to have occurred on the date stated above, at <u>10:10 A. M.</u>					
The principal cause of death and related causes of importance were as follows: <u>Broncho-pneumonia involving Intestine</u> <u>1st Lung</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>33</u> Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____ (Signed) <u>H. S. Sharp</u> M. D. (Address) <u>Mesa, Arizona</u>					